WOODSIDE LUTHERAN HOME

1040 PILGRIM WAY

GREEN BAY 54304 Phone: (920) 499-1481 Ownership: Nonprofit Church Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 168 Yes Number of Residents on 12/31/02: Average Daily Census: 152

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care		Primary Diagnosis	%   Age Groups		%		46.9
Supp. Home Care-Personal Care	Yes			!			31.9
Supp. Home Care-Household Services	Yes			Under 65	0.6		21.3
Day Services	No	Mental Illness (Org./Psy)	48.8	65 - 74	1.9		
Respite Care	No	Mental Illness (Other)	2.5	75 - 84	34.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.5	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	5.6	95 & Over	10.6	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	1.9			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	2.5		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	6.3	65 & Over	99.4		
Transportation	No	Cerebrovascular	8.1			RNs	11.6
Referral Service	No	Diabetes	3.1	Sex	용	LPNs	6.0
Other Services	No	Respiratory	1.9			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	19.4	Male	25.0	Aides, & Orderlies	43.2
Mentally Ill	No			Female	75.0		
Provide Day Programming for			100.0				
Developmentally Disabled No					100.0		
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## Method of Reimbursement

		Medicare			edicaid			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	12	100.0	306	75	94.9	112	0	0.0	0	63	91.3	160	0	0.0	0	0	0.0	0	150	93.8
Intermediate				4	5.1	92	0	0.0	0	6	8.7	160	0	0.0	0	0	0.0	0	10	6.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		79	100.0		0	0.0		69	100.0		0	0.0		0	0.0		160	100.0

WOODSIDE LUTHERAN HOME

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period													
					% Needing		Total						
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of						
Private Home/No Home Health	1.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents						
Private Home/With Home Health	5.7	Bathing	0.6		63.8	35.6	160						
Other Nursing Homes	10.9	Dressing	3.1		82.5	14.4	160						
Acute Care Hospitals	72.6	Transferring	16.3		53.8	30.0	160						
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.6		60.0	29.4	160						
Rehabilitation Hospitals	0.0	Eating	59.4		27.5	13.1	160						
Other Locations	9.1	* * * * * * * * * * * * * * * * * * *	*****	*****	******	******	******						
Total Number of Admissions	175	Continence		8	Special Treat	ments	%						
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.4	Receiving R	Respiratory Care	5.6						
Private Home/No Home Health	41.8	Occ/Freq. Incontinen	t of Bladder	66.3	Receiving I	racheostomy Care	0.0						
Private Home/With Home Health	1.9	Occ/Freq. Incontinen	t of Bowel	36.9	Receiving S	Suctioning	0.0						
Other Nursing Homes	3.2	_			Receiving C	stomy Care	0.0						
Acute Care Hospitals	4.4	Mobility			Receiving T	lube Feeding	0.0						
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	5.0	Receiving M	Mechanically Altered Diet	cs 25.0						
Rehabilitation Hospitals	0.0				_	_							
Other Locations	10.8	Skin Care			Other Residen	nt Characteristics							
Deaths	38.0	With Pressure Sores		6.9	Have Advanc	ce Directives	96.9						
Total Number of Discharges		With Rashes		0.0	Medications								
(Including Deaths)	158				Receiving F	sychoactive Drugs	50.6						
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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			ership:		Size:		ensure:		
	This	ls Nonprofit		100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	00	%	Ratio	olo	Ratio	90	Ratio	olo	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.5	87.5	1.03	85.7	1.06	85.3	1.06	85.1	1.06
Current Residents from In-County	93.1	79.3	1.17	81.9	1.14	81.5	1.14	76.6	1.22
Admissions from In-County, Still Residing	41.1	21.8	1.89	20.1	2.05	20.4	2.02	20.3	2.03
Admissions/Average Daily Census	115.1	124.6	0.92	162.5	0.71	146.1	0.79	133.4	0.86
Discharges/Average Daily Census	103.9	129.0	0.81	161.6	0.64	147.5	0.70	135.3	0.77
Discharges To Private Residence/Average Daily Censu	ıs 45.4	50.5	0.90	70.3	0.65	63.3	0.72	56.6	0.80
Residents Receiving Skilled Care	93.8	94.7	0.99	93.4	1.00	92.4	1.01	86.3	1.09
Residents Aged 65 and Older	99.4	96.2	1.03	91.9	1.08	92.0	1.08	87.7	1.13
Title 19 (Medicaid) Funded Residents	49.4	56.7	0.87	63.8	0.77	63.6	0.78	67.5	0.73
Private Pay Funded Residents	43.1	32.8	1.32	22.1	1.95	24.0	1.80	21.0	2.05
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	51.3	35.5	1.44	37.0	1.38	36.2	1.42	33.3	1.54
General Medical Service Residents	19.4	23.8	0.82	21.0	0.92	22.5	0.86	20.5	0.95
Impaired ADL (Mean)	53.3	50.4	1.06	49.2	1.08	49.3	1.08	49.3	1.08
Psychological Problems	50.6	54.7	0.92	53.2	0.95	54.7	0.93	54.0	0.94
Nursing Care Required (Mean)	4.7	6.9	0.68	6.9	0.68	6.7	0.70	7.2	0.65